B6F (Official Form 6F) (12/07) In re Michael Allan Moisant Karen Ann Moisant

Case No.	11-10325-HDH-13
	(if known)

## AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Check this box if debtor has no creditors holding	ng u	ınlsed	cured claims to	report on this Schedule F.				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODERTOR	HUSBAND, WIFE, JOI		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	FINE		DISPUTED	AMOUNT OF CLAIM
ACCT #: xx1004 American Express PO Box 981535 El Paso, TX 79998		-	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:					\$42,741.75
ACCT #: xxxxxxxxxxxx0471  Bank Of America Po Box 17054  Wilmington, DE 19850		-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:					\$5,709.00
ACCT #: xx3846  Bankers Healthcare Group Inc 4875 Volunteer Rd Ste 100  Southwest Ranches, FL 33330		-	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:		х			\$96,305.00
ACCT #:  Byrne, Cardenas, & Aris LLP 7557 Ramble Rd Ste 1400 Dallas, TX 75231		-	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:					\$2,912.50
ACCT #: xxxxxxxxxxxx1338  Chase 201 N. Walnut St//de1-1027 Wilmington, DE 19801		-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:					\$13,402.00
ACCT #: xxxx-xxxx-xxxx-7151 Chase PO Box 15298 Wilmington, DE 19850-5298		-	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:					\$8,202.82
			l		Subto	tal	>	\$169,273.07
continuation sheets attached			(Report also	(Use only on last page of the complet on Summary of Schedules and, if ap cal Summary of Certain Liabilities an	ed Sched plicable,	on 1	F.) he	

B6F (Official Form 6F) (12/07) - Cont. In re Michael Allan Moisant Karen Ann Moisant

Case No. **11-10325-HDH-13** 

(if known)

## AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT,	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxxxx6200 Chela Attn: Bankruptcy PO Box 9500 Wilkes-Barre, PA 18773		-	DATE INCURRED: 07/11/2003 CONSIDERATION: Educational REMARKS:		\$85,584.00
ACCT #: Design Works Group 2633 Plaza Pkwy Wichita Falls, TX 76308		-	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:		\$19,943.94
ACCT #: xxxxxxxxxxxxxxxxXXXXXXXXXXXXXXXXXXXX		-	DATE INCURRED: 04/1991 CONSIDERATION: Credit Card REMARKS:		\$14,474.00
ACCT #: xxxxxxxxxxxx0688  Discover Fin Po Box 8003  Hilliard, OH 43026		w	DATE INCURRED: 12/1991 CONSIDERATION: Credit Card REMARKS:		\$11,231.00
ACCT #: xxxxxxxxxxxx6039  Gemb/JC Penny Attention: Bankruptcy PO Box 103104 Roswell, GA 30076		-	DATE INCURRED: 02/17/2002 CONSIDERATION: Charge Account REMARKS:		\$600.00
ACCT #: xxxxxxxxxxxx5669  Gemb/sams Club Dc  GEMB Finance PO Box 103104  Roswell, GA 30076		-	DATE INCURRED: 02/2011 CONSIDERATION: Credit Card REMARKS:		\$2,798.00
Sheet no. <u>1</u> of <b>2</b> c Schedule of Creditors Holding Unsecure			sheets attached to y Claims (Use only on last page of the co (Report also on Summary of Schedules and, Statistical Summary of Certain Liabiliti	if applicable, on the	\$134,630.94

B6F (Official Form 6F) (12/07) - Cont. In re Michael Allan Moisant Karen Ann Moisant

Case No. **11-10325-HDH-13** 

(if known)

## AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODERTOR	HUSBAND, WIFE, JOINT,	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM
ACCT #: xxx6604  Henry Schein Dpt CH14125  Palatine, IL 60055-4125		-	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:		\$1,479.96
ACCT #: xxxxxxxx1052 Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051		-	DATE INCURRED: 10/2007 CONSIDERATION: Charge Account REMARKS:		\$469.00
ACCT #: PCNet 915 9th St Wichita Falls, TX 76301		-	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:		\$345.04
ACCT #: xxxxA000 University of Oklahoma Pathology Lab PO Box 8887 Greenville, TX 75404		_	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:		\$130.90
ACCT #: xxxxxxxxxxxxx0001 Wells Fargo 1 Home Campus X2303-01A Des Moines, IA 50326		-	DATE INCURRED: 10/27/2004 CONSIDERATION: Check Credit or Line of Credit REMARKS:		\$12,377.00
Sheet no. 2 of 2 con	tinua	tion	sheets attached to	Subtotal >	\$14,801.90
Schedule of Creditors Holding Unsecured I	Nonp	riorit	y Claims  (Use only on last page of the cor  (Report also on Summary of Schedules and,  Statistical Summary of Certain Liabilitie	if applicable, on the	\$318,705.91